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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

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THE ACCOLADE

Every nurse in Canada must have felt a warm glow of pride as she read, on New Year's Day, the magnificent roster of the honours conferred by His Majesty the King. Name after name was that of a nurse, some occupying important posts as heads of public health or hospital nursing services, some working in isolated hospitals at the edge of the last frontier, others engaged in various branches of community service — yet alike in that they share with the rest of us the responsibilities, the tribulations and the rewards of having chosen nursing as their vocation. Their names will add lustre to an illustrious company, the Order of the British Empire.

Three nurses received the high honour of being appointed Commanders of the Order of the British Empire. They are Miss Edith Rayside, C.B.E., R.R.C.; Miss Elizabeth Smellie, C.B.E., R.R.C., and Miss Laura Holland, C.B.E., R.R.C. One nurse, Miss Ruby M. Simpson, of Regina, Saskatchewan, has been appointed an officer of the Civil Division of the Order of the British Empire. Six nurses have been made members of the Order of the British Empire. They are: Mrs. Robert Darrach (formerly Sara Persis Johnson) of Brandon, Manitoba; Miss Nancy Dunn, of Sunset Prairie, Peace River Block, British Columbia; Miss Nan Estabrook of Saint John, New Brunswick; Miss Elizabeth Pearston of Grande Prairie, Alberta; Mrs. Ross of Riley Brook, New Brunswick and Miss Bertha Smith of London, Ontario. The *Journal* shines in a reflected glory because its first editor, Dr. Helen MacMurchy, who, though a physician, may be claimed as a nurse by adoption, has been made a Commander of the Order of the British Empire.

It will be a source of regret to Miss Rayside's associates and personal friends that the signal honour paid her synchronizes with her retirement from the active practice of her profession. Miss Rayside is a graduate in Arts of Queen's University and is the first woman to be appointed to the Board of Trustees of that institution. Her other academic distinctions include the honorary degree of Mistress of Household Science conferred upon her by the University of Toronto. She is a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, and during the war she rendered outstanding service and held the rank of matron in the C.A.M.C in France. In recognition of her fine record, she was awarded the Royal Red Cross. Upon her return to Canada she was attached to the staff of the School of Nursing of the Montreal General Hospital and, in 1923, was appointed superintendent of nurses at the Hamilton City Hospital. The tributes recently paid her, upon the occasion of her retirement, reflect the admiration, respect and affection of all with whom she has been associated throughout her professional career.

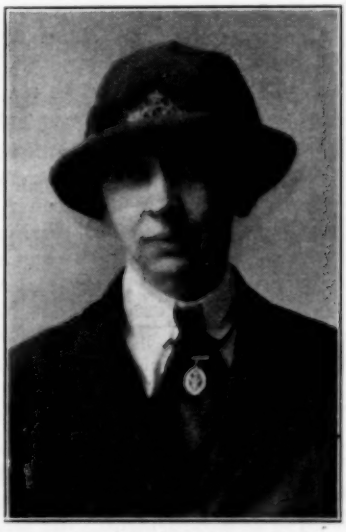
Miss Elizabeth Smellie, C.B.E., R.R.C., is a graduate of the School of Nursing of Johns Hopkins Hospital and, after rendering conspicuous service in the capacity of matron in the C.A.M.C. during the war, became Chief Superintendent of

MISS EDITH RAYSIDE

the Victorian Order of Nurses for Canada. Miss Smellie is an overseas member of the Cowdray Club and is the chairman of the nursing section of the Canadian Public Health Association. She is also a member of the National Association for Public Health Nursing, a Fellow of the American Public Health Association and was recently appointed consultant in public health nursing to the Provincial Department of Health of Ontario. Miss Smellie is known in all parts of Canada not only as an able administrator but also as a public speaker of charm and distinction. The latest honour to be conferred upon her will be a profound source of satisfaction to the members of the Victorian Order of Nurses who, in a double sense, will now look with pride and affection upon their beloved commander.

Miss Laura Holland is a graduate of the School of Nursing of the Montreal General Hospital and served overseas with the C.A.M.C. in Menelaus, Salonica, England and France. In recognition of her military service she was awarded the Royal Red Cross. Upon her return from overseas she took a course in social service at the School of Social Science, Simmons College, Boston, and subsequently became a member of the staff of the social service department in the Montreal General Hospital. For three years she was director of nursing services for the Ontario Red Cross Society and later was appointed director of the division of social welfare in the municipal department of public health in Toronto. In 1927 Miss Holland accepted a position as manager of the Children's Aid Society of Vancouver, and in 1931 she became deputy superintendent of neglected children for the Province of British Columbia and has rendered magnificent service to the community in this important field of social service.

In her capacity as director of nursing services in the division of public health nursing of the department of public health in the government of the Province of Saskatchewan, Miss Ruby Simpson has displayed a fine quality of administrative ability. A letter to Miss Simpson



MISS ELIZABETH SMELLIE

MRS. ROBERT DARRACH

from the Prime Minister of Canada refers to her appointment as an Officer of the Civil Division of the Order of the British Empire as a recognition of "fine social services in the Province of Saskatchewan", thus indicating a recognition of the value of her contribution to community welfare as well as to nursing. Miss Simpson is a graduate of the school of nursing of the Winnipeg General Hospital and is first vice-president of the Canadian Nurses Association. For five years, as president of the Saskatchewan Registered Nurses Association and now as its first vice-president, Miss Simpson has consistently shown that she is capable of leadership of a very high order.

Mrs. Robert Darrach (Sara Persis Johnson) graduated from the school of nursing of the Brandon General Hospital and, at the outbreak of the war, was assistant superintendent in that institution. In recognition of her overseas service she was awarded the Royal Red Cross. Upon her return from overseas, Mrs. Darrach took a postgraduate course in the Illinois Training School, and later accepted the superintendency of the Brandon General Hospital. Since her marriage, in 1923, to Mr. Robert Darrach, she has devoted herself wholeheartedly to many movements for the betterment of her fellow-citizens.

Miss Nan Estabrook is a graduate of the school of nursing of the Newton Hospital, Massachusetts, a postgraduate of the Women's Hospital in the State of New York, and has filled the position of superintendent in several American hospitals. She served as Nursing Sister for three years overseas, returned to Canada in 1919, and was appointed matron of the military hospital conducted in Old Government House in Fredericton from 1919 to 1921, and later was social service worker for the Department of Soldiers' Civil Re-establishment in New Brunswick. Her present duties carry her throughout the Maritime Provinces and her administrative ability, sympathy and tact have made her services most valuable to the new settlers.

Miss Elizabeth Pearston is a graduate of the school of nursing of the Winnipeg

MISS NAN ESTABROOK

General Hospital and was for some time the instructor of nursing practice in that institution. She is now superintendent of the Municipal Hospital of Grande Prairie in the Peace River district of Northern Alberta. Miss Pearston is of the stuff of which pioneers are made and, in addition to a rich background of professional experience, has a sense of humour and of human values which enable her to cope with the unusual and frequently difficult situations which complicate hospital administration in a frontier community.

DR. HELEN MACMURCHY

Miss Bertha Smith rendered exceedingly good nursing service in the C.A.M.C. overseas. She is now engaged in child welfare work in London, Ontario, and has established an excellent reputation as an able leader in a branch of community work in which her abilities, both personal and professional, can be effectively utilized to the fullest extent.

Two of the new members of the Order of the British Empire are engaged in outpost work at points so difficult of access that direct communication with them, at the time of going to press, has not been possible. One of them is Miss Nancy Dunn of Sunset Prairie, Peace River Block, British Columbia, and the other is Mrs. Ross, a public health nurse at Riley Brook, New Brunswick. The *Journal* made enquiries from Miss Kathleen Lawson of Saint John, a relative of Mrs. Ross, who kindly gave the following information concerning her: "I have been to Riley Brook and can appreciate Mrs. Ross' work. It is a large district, without a doctor, and away in the woods. Her work involves long drives in cold weather and deep snow but nothing daunts her." In subsequent issues of the *Journal* further details will be given concerning the professional accomplishments of these nurses whom the King delighteth to honour.

Upon Dr. Helen MacMurchy, in her new capacity as a Commander of the British Empire, *The Canadian Nurse* considers that it has a special claim. She was the first editor of this *Journal;* she understands and sympathizes with the aspirations of the nursing profession and has done much to help us to attain them. She has been for so many years a commanding figure in the field of maternal and child welfare that it is difficult to accept her recent retirement philosophically. Her kindly humour and tolerance, her knowledge of and love for the common people made the Federal Division of Child Welfare a national source of help and healing. Her freedom from official duties will give her an opportunity of using her unabated energies in other directions, and the gratitude and affection of Canadian nurses will follow her into what will certainly be an active retirement.

THE CANADIAN SCENE

In the second article of this series, which appeared in the January issue of the *Journal*, some of the findings of the American Committee on the Costs of Medical Care were briefly summarized and its statement concerning the essential nature of the present economic maladjustment was quoted as follows: *Meanwhile, in so far as the great mass of the population is concerned, the need, as distinct from the effective demand for nursing service, goes unmet and will continue to do so until some system of distribution of nursing costs can be devised which will bridge the economic gap between patient and nurse.*

It will, at this point, be helpful to quote from yet another study made, under the auspices of this Committee, by Maurice Leven, Ph.D., concerning the incomes of physicians. Dr. Leven did not undertake any enquiry into the economics of nursing, but in discussing the high cost of sickness, as it affects the majority of people, he uses this illustration:

It is inevitable that the cost of the personal services entering into medical care should be high. But high costs do not necessarily mean that the net returns accruing to the personel supplying medical services are high. The special nurse, for instance, does not get rich when she furnishes nursing care at the rate of $6 or $7 for a twelve-hour day. Yet an illness which requires special nursing may mean the transfer to the nurse of more than the patient's entire family income for the period during which the nurse is engaged. The difficulty is not that the nurse's earnings are too high, but that the illness requires the attention and full time of a specially trained adult individual.

How large a proportion of the members of the community fall within the group to which Dr. Leven refers? In the United States the Committee found that families with incomes of $2,000 or less constitute one-half of the population and it is probable that approximately the same general economic condition exists in Canada. We are, then, confronted with the fact that about half our population cannot possibly meet, for any length of time, the cost of employing a private duty nurse in the home, no matter how badly her services may be needed. Dr. Leven plainly says that private duty nurses are not themselves to be held responsible or to be censured for this state of affairs. Here is a profound economic maladjustment over which nurses as individuals have no control and on account of which they themselves suffer severely. It is of course true that visiting nursing organizations such as the Victorian Order offer a partial service to this section of the community. There remains however a demand for *continuous* nursing care in the home such as is required in acute illness, twenty-four hours of the day and seven days a week, possibly over a long period of time. Visiting nurse organizations cannot be expected to render such service, nor is hospitalization always indicated or possible.

Even in the homes of the "white collar" class, to which nurses themselves belong, the financial burden of long illness cannot be carried indefinitely. Once the point is reached where, as Dr. Leven says, the family income is absorbed by the cost of sickness, accumulated savings are soon exhausted and the narrow margin of economic security is wiped out. Many nurses have themselves had such experience in their own families and can therefore understand the cruel anxiety of the average family group, which through no fault of its own, finds itself in such circumstances.

Furthermore, it must be remembered that this state of affairs exists in so-called normal and prosperous times. It is not a product of the depression, though it has been aggravated by it, and a return to "good times" will not automatically pro-

This is the third of a series of editorials dealing with nursing conditions in Canada.

vide a solution. Society provides for elementary education, for the essential preventive health services such as water supply and sanitation, for protection against fire and against criminals. As yet however, in Canada, the state does not admit responsibility for more than a measure of medical and nursing care. Whether the state ever will do so is a highly controversial question, but even if state medicine came tomorrow there would still be need for constructive thinking on the part of nurses. Its coming would mean that our present system would undergo radical change for which we are at present woefully unprepared.

It must be admitted that nurses are an intensely conservative group. The disciplinary nature of their education and organization naturally tends toward conservatism. The blood of the army and the church runs strongly in our veins, and perhaps it is well that it does, and that we are not blown about by every wind of doctrine. The trouble is, however, that we sometimes mistake a rather stupid uniformity for wise conservatism and find it difficult to do the sort of original thinking that is required in new situations. Nevertheless the economic pressure of the past few years has forced us to face facts which in more prosperous years we preferred to ignore and, in more or less scattered and spotty fashion, that thought has been carried out in terms of action.

In some parts of Canada, for example, efforts have been made to increase employment among private duty nurses by shortening the day to eight hours and reducing the fee correspondingly. Private nurses have given a certain number of days free of charge rather than leave a patient who still had need of their services. In certain provinces, where economic distress has been particularly acute, nurses have given their services for whatever small sum the patient could afford to pay. Hourly nursing has been tried out sporadically, without any conspicuous degree of success, possibly because of faulty organization and direction.

The trouble is that these measures are only palliative at best and do not go to the root of the trouble. Until some comprehensive co-operative scheme is thought out, which can be soundly financed and which will enlist the support of the community at large, no real betterment can be expected. Such a task cannot be accomplished by nurses alone, but the public has the right to expect that we will be prepared to take our full part in the sort of thinking which must precede the formulation of definite plans. Before we can hope to give the intelligent leadership the public expects of us we must know our own mind and be prepared to speak it so clearly that there will be no danger of our being misunderstood. We must ourselves be prepared to suggest a way out of our troubles and, as a first step, we must ask ourselves whether, either as individuals or as members of a professional group we may not, in some measure, have brought them on ourselves. In the March number of the *Journal*, by way of a healthy penance, we shall discuss some of our own shortcomings, as pointed out to us by our critics, friendly and otherwise.

(*To be continued*)

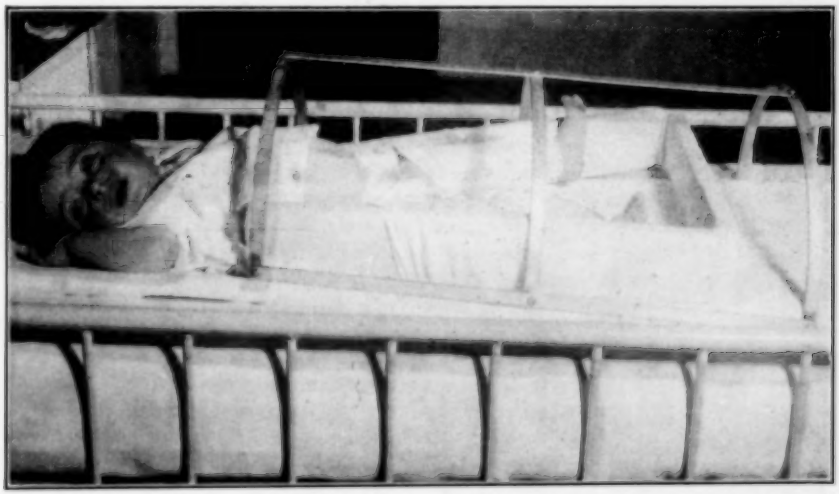
INGUINAL HERNIA IN CHILDREN

ETHEL M. HILLYARD, Reg. N., Instructor of Nurses, Children's Memorial Hospital, Montreal.

Usually children suffering from inguinal hernia are not operated upon until they are about two years of age. Prior to this time they are not old enough to withstand well the shock of a surgical operation. During these two years the hernia is best controlled by means of a wool truss, a skein of ordinary white yarn, which is cheap and easily washed. Sometimes, if the truss is efficiently and consistently applied, the hernia will disappear.

Children at the age of two years have not yet learned control over the urine and feces, and since the incision is so near the genital organs, it is very likely to become soaked with urine or contaminated with feces unless some special method of restraint is devised. Then again, one must guard against the breaking open of the incision even by the ordinary movements of the child's legs and the lower limbs must be tied down to prevent such a mishap. One has also to consider some device which will prevent the child from pulling off the dressings and so contaminating the wound. Finally, when nursing children, it is found that the bedclothes or food are likely, somehow or other, to come in contact with the wound, especially if it is covered only with a light dressing, and so set up infection.

Our method of restraint has been successful, and infection of a hernia incision is very rare. The urine is controlled by means of a test tube attachment, the legs are restrained by the Phillips' splint, and the incision is protected from all sources of infection by the use of a bed cradle and frame-apron, while the child's hands yet remain free.



PHILLIPS' SPLINT IN POSITION

In the accompanying illustrations the functions of the Phillips' splint, the cradle and the frame apron are graphically shown. The articles needed are listed below:

A Bradford frame, covered tightly.

A Phillips' splint, which consists of three pieces of wood, two of equal length, and longer than the third, both hinged

to the shorter piece. The longer pieces must be the length of the child's leg, and must be long enough to reach beyond the hip. The longer pieces are padded with rolled wool on the inside, and covered with a bandage.

Two three-inch flannelette bandages.

A test-tube attachment, and kidney basin for urine.

A cradle for the bed-clothes.

A frame apron, made of canvas, fitting around the child's neck and shoulders, and long enough to come well over the cradle, at the site of wound. The apron is provided with straps and buckles, and is buckled behind the frame.

Two blanket pins.

The proper procedure subsequent to operation is as follows:

1. While the child is *still under the anaesthetic*, place him on the frame, and fold back the night-gown neatly.

2. Place Phillips' splint in position. Be sure that it reaches beyond the hips.

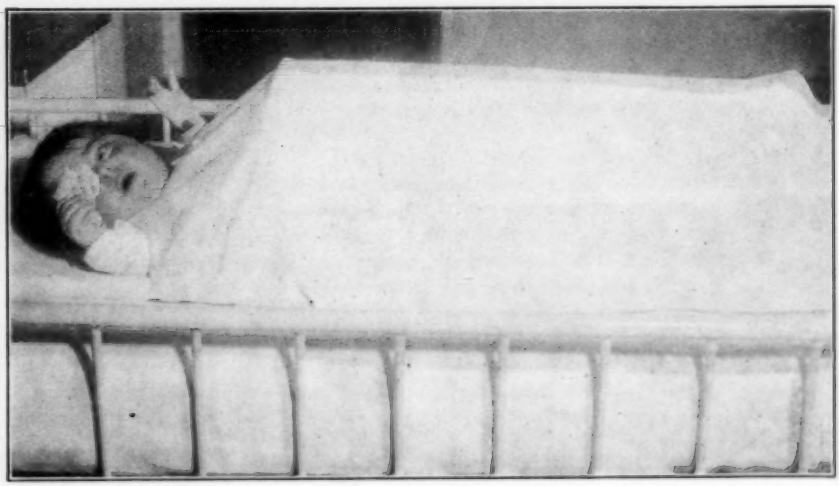
3. Bandage each leg to the side of the splint.

4. Apply the test-tube attachment to the penis, and place the kidney basin in position.

5. Place the bed-cradle in position over the splint.

6. Place the frame-apron over the cradle. Pin at the neck with the blanket pins, and buckle under frame.

To give routine care the child may be removed from the splint, but he is kept restrained until the wound is healed, and the sutures are removed. Should it be necessary to improvise this equipment in the home, the child might be placed on his back in the bed, and his hands restrained to the sides. With care in handling the bed-clothes, and if a substantial dressing has been placed on the incision, the cradle and frame-apron may be omitted, if these articles are difficult to obtain.



APRON ADJUSTED OVER CRADLE

Nurses, and others caring for children, will find however that they will be much happier, and easier to manage, if the hands are not tied down. The psychological reaction of a child against any form of restraint must be taken into consideration and he should be given as much opportunity for physical activity as is possible in the circumstances.

PUTTING THE PATIENT FIRST

K. A. BAIRD, M.A., M.D., C.M., Saint John, N.B.

A patient usually requires nursing care because of illness or injury, real or assumed. The primary objective of the nurse should be the comfort and the recovery of the patient. Sometimes these two conflict, and it is necessary to make a patient uncomfortable in order to administer some drug or treatment which it is hoped will aid recovery, or, as in the case of the very aged, it may be advisable to make him comfortable by neglecting measures whose value in prolonging life would be doubtful, or, at best, temporary. When the claims of comfort and recovery conflict, the decision is made by the doctor rather than by the nurse. There are, however, many aspects of the care of patients which depend entirely upon members of the nursing profession but in which nurses have been known to fail to put the patient first.

We have heard of a former nurse, now the mother of several children, who after one experience as a patient in the maternity ward of a general hospital said: never again in that hospital, because the junior nurses made so much noise outside her door, or at least she supposed it was the juniors! A special nurse talked and laughed so much with her patient and friends, during the patient's last few days in the hospital, that other patients were much disturbed. Stories have also been told of nurses who left patients in the middle of a sponge bath, or with a thermometer in mouth, while they delayed in the corridor to tell or hear a bit of hospital gossip. Nurses sometimes tell details of other cases to their patients. Even when names are not mentioned, and when the patient who is listening seems to enjoy the story, this is not good treatment psychologically. Besides it leads the patient to think that the nurse may be telling all about her case to someone else.

A common cause of not putting the patient first is, the exact opposite of carelessness. It is the rendering of services which are not required or desired. Many patients are the victims of institutional routine. Some routine is necessary, but routine for its own sake is a curse to the patient. The proper balance between routine and the patient's comfort is a nice question for the wise superintendent or supervisor to decide. The student nurse has little choice, but even she can perhaps arrange to give her wakeful patients their morning wash before she begins to awaken the sleepers.

The private nurse has the privilege of exercising her judgment, unless that judgment has all been trained out of her by institutional necessity. She should learn to make routine subservient to comfort by asking the doctor, when receiving orders, "Shall I administer this, if the patient is sleeping, or shall I wait till he wakes?" Unless he is a crank (oh, yes, some of us are!), the doctor will rejoice inwardly that the patient has a nurse who can estimate the relative advantages of his treatment and of refreshing sleep, and he will order accordingly. Too much service, and ill-timed service, are not rendered by the nurse who puts her patient first.

It is a mistake to put the doctor before the patient. This does not mean that the nurse has any right to interfere with the doctor's treatment. It does mean that if you must choose, a rested patient, just awake but not yet bathed, is a better sight to welcome the doctor than a patient whose rest was broken so that you could prepare her for his visit. It also means that, in a confinement case, the patient is entitled to consideration before the doctor. The latter will probably have given you directions as to when you are to call him, but if he has not, or if something untoward has occurred, the woman has a right to her doctor's presence. One of the reasons why many a woman will not go to a hospital for her confinements is because she fears a hard-boiled nurse will refuse to call the doctor when she needs

him. That is also the reason some patients give for employing a "practical nurse" rather than a fully-trained graduate.

Finally, nurses differ in skill. Each individual nurse should show herself skilful in the administration of nursing treatments. She will not assume that she has learned everything in her undergraduate days, but will pick up hints from doctors and from other nurses as to better ways of doing things. The clever nurse will think of many ways in which she can put the patient first, and render the sort of service which will reflect credit upon herself and her profession.

In case the writer is thought too critical, let him remark in conclusion that he has Adam's excuse. He would never have dared write an article like this had it not been that a nurse asked him to do so.

THE NIGHTINGALE MEMORIAL

GRACE M. FAIRLEY, Principal and Director of Nurses, Vancouver General Hospital, and Convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association.

In the November issue of *The Canadian Nurse*, * in an article entitled "The Florence Nightingale Memorial," Miss Jean Gunn gave an admirable summary of the general aim and scope of the proposed international tribute to the memory of the founder of modern nursing.

The Canadian Nurses Association has pledged its members to participation and at an executive meeting held after the Paris Congress, the methods of raising the amount of money which Canada would wish to give were discussed. The details of plans for creating interest and for the collection of funds were left to a special committee to be known as the Canadian Florence Nightingale Memorial Committee. Each province is represented on this committee and these provincial representatives are asked to stimulate interest among all nursing groups, such as the Alumnae Associations, the district organizations, student nurses and married nurses. It is taken for granted that all will share in a memorial which is so truly international in scope and yet so definitely personal in character. The suggestion has been made that each country should offer a scholarship annually, and it is hoped that the provincial conveners will ascertain the opinion of their members on this point. In a recent communication to the various provinces, it was also suggested that if alumnae associations and other nursing organizations would pledge themselves to give a grant of not less than ten dollars each year it would materially add to the assured income. Student nurses could also be approached and would probably be glad to contribute to a fund, the purpose of which is to perpetuate the memory of one whose foresight made possible the school of nursing of today. Such a request might be made to them annually, following their lectures on the history of nursing or during the week of May 12, when the Hospital Day celebrations are in progress.

Donations to the fund, made either by individuals or through organizations, will be announced from time to time in *The Canadian Nurse* and it is hoped that the provincial conveners will receive the ready personal support of all members of the profession in an effort to perpetuate the memory of that greatest of all nurses, Florence Nightingale.

* See *The Canadian Nurse*, November, 1933, p. 579.

THE PROVINCES AND THE CURRICULUM

MARION LINDEBURGH, Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

By the time the February issue of *The Canadian Nurse* is in the hands of its readers the revised Curriculum Study will have been widely distributed throughout Canada. All the Provinces have organized provincial curriculum committees and there has been an encouraging response from the conveners to whom the first rough draft was sent, in June, for purposes of analysis and criticism. The central curriculum committee wishes to express its appreciation of the many constructive suggestions which have been received and which have been most helpful in the process of revision.

The revised study takes the form of a brief outline of the fundamental issues in nursing education as at present carried on in schools of nursing conducted by hospitals. Nursing education on a fully recognized professional level cannot possibly be secured by revolutionary measures but must gradually evolve through improved educational facilities and opportunities in the hospital school, since it is through this avenue that it must ultimately gain public recognition and financial support. The revised study deals, therefore, with the school of nursing as it exists within the frame of the hospital. Nevertheless every opportunity has been utilized to suggest improvement in the undergraduate course and, so far as the economic situation permits, to build for the future, by outlining an educational programme which will better equip the nurse for the growing demands of home and community service as well as for hospital nursing service.

Details relating to the content of the curriculum are not included in the revised study. Subject matter, teaching methods, and correlation of activities will be dealt with separately after the preliminary survey has been completed and, at this time, the assistance of staff members of schools of nursing who are engaged in teaching and supervision will be solicited.

It is hoped that the provincial curriculum committees will begin work on the revised study and questionnaire as soon as possible. Three months is the period allotted to them for this purpose and, at its termination, the central committee must enter upon the task of assembling, tabulating and integrating the information received from the various provinces. Should additional copies of the study be required they may be obtained through the provincial convenors from the Executive Secretary of the Canadian Nurses Association, 1411 Crescent St., Montreal. The questionnaire has been carefully formulated and suggestions for dealing with it have been incorporated in the study. It is confidently expected that the replies to it will embody the reflective thought and considered opinions of leaders of the nursing profession in all parts of Canada and thus pave the way for the construction of a curriculum which, while national in character, will be based on sound economic and educational principles.

THE McGILL SCHOOL FOR GRADUATE NURSES

These are busy days in the School for Graduate Nurses of McGill University. Classes, lectures and field work are in full swing and a feeling of optimism is abroad. Thanks to the generous response to the campaign so energetically carried on by the Central Committee under the able direction of its president, Miss E. Frances Upton, sufficient funds were presented to the University to meet the demands of the current academic year and, furthermore, a substantial sum is already available toward the future support of the School. The annual luncheon tendered by the Alumnae Association of the School to the members of the student group proved a most enjoyable occasion and some of the principal objectives of the Central Committee during the coming year were discussed with enthusiasm.

The future of the school now seems to be sufficiently secure to justify active measures to recruit students. The presence of an enthusiastic student body goes far to assure the success of any school, and in spite of hard times there are plenty of young nurses in Canada who could, and who should, avail themselves of the opportunity which, through the sacrifice of others, is still within their reach. Under present conditions, however, most nurses find it difficult to undertake graduate study unless a certain amount of assistance is forthcoming. Full scholarships, which cover tuition and maintenance, are of course highly desirable, but there are also many instances in which a modest bursary or a small loan might supplement personal resources and thus enable ambitious students to carry on. Some of the larger Alumnae Associations are already helping in this way and hospitals which conduct schools of nursing might well consider the advisability of assisting specially promising members of their graduating classes to prepare themselves for positions of responsibility. Friends of the hospital, members of the medical staff, and groups such as hospital aid societies, might also be induced to offer bursaries as prizes for proficiency in some special branch of nursing.

Never before have Canadian nurses rallied so wholeheartedly and courageously to the support of nursing education. In a time of great economic distress, particularly in the West, nurses have given ungrudgingly, and the effort made by the nurses of Canada to keep the School open has won the admiration of the University authorities and of the community at large. Only a short time before his lamented death, the late Principal, Sir Arthur Currie, addressed these words to the Central Committee: "May I congratulate the Alumnae Association of the School on the effort made to raise these funds, and on the splendid response from the members of the nursing profession in Canada and their friends."

If the effort and sacrifice which have won such spontaneous recognition as this are to be rewarded as they deserve to be, there must be a good enrolment of students again next year. It may mean plain living, but it also means high thinking. Keep the door open.

THE EDITOR'S DESK

Can Nurses Read?

Elsewhere in this issue of the *Journal* will be found a brief article by Miss Grace M. Fairley, convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association in which she describes the initial stages of the campaign to raise funds for this worthy object. In a letter to the editor, Miss Fairley suggests that attention be drawn to this article and to the one which preceded it in the November issue, in which Miss Jean Gunn discussed, in some detail, the origin and scope of this international undertaking. Miss Fairley goes on to say that she was much surprised to find, when she asked the opinion of nurses whom she knew to be subscribers to the *Journal*, that they had not even read the article in question. This sad state of affairs did not surprise us in the least. We are hardened to shocks of this kind. We have long reached the conclusion that, while it is possible that nurses *can* read, very few of them *do*. For example, we have received numerous requests to publish the addresses we gave during our recent transcontinental barnstorming tour. The fact that we *are* doing so under the caption of *The Canadian Scene* has not, so far, dawned on our kind correspondents. It is of course possible that, when compounding our dose of well-meant advice as administered from the platform, we added an extra dash of orange juice. But the castor oil was there, just as it is in the articles on *The Canadian Scene*. Try reading them and see. And please do not forget the articles on the Nightingale Memorial either. Canada must sustain her excellent reputation in matters of this kind.

England Expects . . .

In a recent issue of *The British Journal of Nursing*, under the caption of "Canada will be there," editorial comment is made as follows:

"Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, was elected in Brussels one of the five representatives of the International Council of Nurses on the proposed Grand Council of the Florence Nightingale Intertional Foundation. The Canadian Nurses Association have intimated that they propose to nominate Miss F. H. M. Emory and Miss G. M. Fairley as its representatives on the Grand Council. Here we have a trio of women in the very first rank as administrators of nursing education in Canada of which any Association of Nurses may be proud."

And so say all of us!

The February Journal

In this issue, the *Journal* welcomes to its pages a contributor who is a French-Canadian nurse, Mademoiselle A. Martineau, G.M.E., nurse supervisor in the division of infectious diseases of the municipal public health service of Montreal.

In the section devoted to nursing education will be found an extremely thoughtful article by the Reverend Sister Pierre of Louvain. This was considered one of the most outstanding of the many excellent addresses given at the International Congress and will repay careful study by all who are interested in the philosophy of nursing education. The Latin mind has a searching quality which is peculiarly its own.

Correspondence

From Poland

To the President,
The Canadian Nurses Association.
Dear Miss Emory:

We are distressed having learned the sad news that Miss Mary Snively is gone. May we express our deepest regret and the most sincere condolence in face of the heavy loss your Association has to endure. Joining you in your sorrow,

J. Suffczynska.
President of the Polish Professional Nurses Association, Warsaw, Poland.

Schools for Brides

My life is a busy one, not prominent and not leading, but still I hope it is not useless. As school physician I give physical examinations, have conferences with students and parents, and we are great friends with both groups. Besides my official work I teach hygiene in the regular household school and the latest development is my participation in the three months' course for brides. These girls are beginning to realize their great mission as wives and mothers, and it is a real pleasure to work with them. It gives our women better preparation for the many babies they have in married life.

I wrote a series of articles about family hygiene, both mental and physical, for healthy days and in sickness, I also spoke them over the radio, and now they are being published in our best monthly family review throughout 1933 and 1934. I am in close co-operation with our nurses and help them whenever I can, you will believe me. Every day brings me new efforts and new ways to approach health and education problems.

Amalia Simec, M.D.,
School Physician, Ljubljana, Jugoslavia.

Give Us a Chance to Reform

I renewed my subscription in September and have my receipt. This is an annual occurence—asking for the renewal after it has been paid. A great many nurses have discontinued their subscription on that account. Please look into the matter more carefully.

I. M.,
Saskatchewan.

This is the only complaint we have so far received in this connection and we shall be grateful if those subscribers who have been similarly annoyed will communicate with us at once. We accept salutary chastisement with resignation if not with joy. But we must know our failings if we are to reform. Tell us the worst.—*Editor.*

Beware of "College Boys"

We have received a complaint from Miss T., advising us that she placed a subscription for *The Canadian Nurse* with an agent, who was formerly one of our representatives, but after a very thorough investigation, we fail to locate any record of receiving such a subscription. A Butterick "college boy" representative is not permitted to solicit subscriptions for any publication, other than *The Delineator*. Apparently, this subscription was solicited with "intent to defraud" by this representative, who was forced to sever his connections with our Company a short time after entering our employ because his dealings with the public were not up to the Butterick standard.

The Butterick Company,
New York.

A Reliable Guide

On one occasion *The Canadian Nurse* was of invaluable assistance to me. Several years ago I was called out into the country to a patient supposed to be dying of diabetes with complications. I took with me an issue in which there was an article on the treatment and feeding of diabetics by a Toronto doctor. There was very little to work with out there and, of course, no scales, but we managed—*and the patient is still alive and flourishing.*

A Grateful Nurse,
Nova Scotia.

Department of Nursing Education

Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

PRINCIPLES AND IDEALS IN EDUCATION

REVERENDE SOEUR PIERRE, Louvain, Belgium.

Before starting to discuss the question of principles in education, it may perhaps be well to recall to mind the meaning of the word. Education may be defined as the art of training and developing man in all his aspects, or, more fully, as the combination of all systematic efforts by which it is sought to lead human nature to the development and perfection of all its qualities. Education aims at an ideal, and this ideal, in turn, necessarily depends on the conception of man and his ultimate purpose. Education is the basis of public order and of general security; it helps in the advancement of art and science, and is a source of universal well-being. The work of education cannot be carried out at random; its high aim, its true worth and significance demand that it be founded on certain principles. Let us consider these great, general principles.

1. Education must be *suitable*. It must take into account the character, tastes and aptitude of the pupils, as well as their social surroundings. Hence the necessity for the instructor to study the character of his or her pupils, to watch them intelligently and to allow them considerable freedom in order to discover their natural propensities.

2. Education must be *continuous*. To be effective, it must begin from the cradle and continue steadily and without a break of any kind to the grave. Man's education is never finished on this earth, because the ideal aimed at is perfection. When the instructor has carried out his task wisely, and the time wrongly termed "completion of education" arrives, the student should be capable of continuing alone along the road to perfection.

3. Education must be *natural*. It will be so, said Fénelon, if the instructor understands his duty, which is to "follow and assist nature". Education should take account of personality. Each human being possesses particular characteristics that require careful attention in his education. The instructor must be a student of psychology in order to succeed in his great task.

4. Education must be *complete*. It must develop as harmoniously as possible every physical, intellectual and moral faculty, and maintain the balance between body, intellect and will.

5. *Physical* training gives health and strength and develops manual aptitudes that enable man to help himself and to solve the problems of life.

6. The better the balance of man's intellectual faculties, the sounder his knowledge will be. *Moral* education trains the finer aspects of heart, will and character, by teaching certain qualities and eradicating faults. Its influence on the other forms of education is very great. Indeed, both in the case of physical or intellectual training, the results obtained are proportionate to the effort voluntarily made and to the perseverance shown. Moral education produces good citizens, honest workers and parents fit for their task. It is founded on good habits: obedience, self-sacrifice, faithfulness to duty, courage, honesty, sincerity, industry, justice, charity, purity, dignity and good-breeding. Discipline is a powerful aid to moral education. The force of education, said Platon, lies in intelligent discipline. A pupil who obeys the will of his teacher gives his own greater strength and flexibility every day. He has the opportunity

(An address delivered at the International Congress of Nurses, Paris and Brussels, July, 1933.)

of learning manly qualities of self-control, earnestness, and readiness to answer the call of duty. Discipline should obviously aim at guidance and prevention, since prevention has always been better than suppression. But if education is to correspond to a high ideal it must, above all, be placed on a religious foundation. In education as in everything else, says Monseigneur Dupanloup, religion is the supreme aim, the beginning and end, the alpha and omega of all endeavour. Religion, says Monseigneur Moulart, should be the unchanging basis of all education; in religion alone can be found the principle, the rule and the consecration of all duties. There are not two educations, says Rutché, one of the world and one of God; there is one only, in which everything is connected, because in the soul also everything is connected, because conscience forms a whole and is responsible for all we do, because the ultimate end of man is single and subordinate to all worldly purposes. This ultimate end is God himself.

We shall now see if these educative principles can be applied to the training of the nurse. This special training begins precisely at a time when young girls begin to feel the desire to make themselves useful, to devote themselves to some purpose, but are ignorant of how to reach their ideal. Nursing is essentially a woman's business; it can satisfy both hand and heart, but needs careful preparation. The teacher who undertakes the serious task of training a nurse must not lose sight of the general principles in education that answer to its full and definite aim.

We have said that education must be *suitable*. As Florence Nightingale so aptly said: "Nursing calls for a special vocation in so far that it demands from those who feel the call a series of qualities whose absence may endanger the full attainment of their purpose." Since the aim of education is not to create, but to help mould and direct, it is advisable to weed out from the very beginning all girls who afford no proof of this special vocation.

Because education should be *continuous*, the student must remain in particular educative surroundings and the living-in system is thus necessary. To abandon this system would be to disregard one of the first principles in education.

As the training of a nurse is a difficult business, on account of the student's youth and the ideal aimed at, the teacher must remember, above all, that the training must be *natural*. She must, therefore, study her pupils and know their way of thinking; she must therefore follow them step by step, share their everyday life and thus win their confidence. She will thus discover that certain errors are due merely to temporary moral or physical weakness, and that the student often deserves pity rather than blame. The school director should, therefore, interview the nurse instructors at regular intervals. Fuller knowledge of the students' frame of mind will make her better able to understand the reason of their conduct and to give them work suited to their character. They are reasonable human beings and must be treated as such. The student nurse obviously needs a *comprehensive* training: the professional side which includes physical, intellectual and technical instruction, and the moral side. She must become an expert in matters of health and hygiene and apply all their rules, which should even become part and parcel of her daily life. The school should possess every up-to-date health appliance, the use of which should be supervised and no slackness allowed in this respect. Open-air games and walks should be a compulsory item of the programme, and be arranged by the directress. Organized competition in games is useful in creating interest.

Let us consider briefly the *intellectual* training of a student nurse. On arriving at the school, the girls should already have a good general education. It may

Faculty of Public Health of the
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LONDON CANADA

be thought desirable to allow them to develop their artistic, literary and social aptitudes. Some convalescents make great demands on the nurse's intellectual attainments, and many sick persons could be cured by proper attention to their moral and mental needs. Artistic, literary or other pursuits must not, however, encroach on professional studies proper, which are of the utmost importance. It is not enough to know what we must do and how it must be done, but also the reason why. The nurse who is to become the doctor's real assistant should not only understand his actions, but be able to forsee them. Theoretical instruction must be given by competent teachers who are ready to go beyond the narrow limits of a minimum programme. The students must also have time to digest what they have learned, and this means careful arrangement of the time-table. The students should have access to the many facilities offered by the school, such as books, reviews and papers. Beyond everything, the nurse needs to be taught judgment. Accurate judgment is important in life, and most of all in the nursing profession. How often must a nurse act according to her own judgment, and how many mistakes might be avoided if this judgment were always sound? Memory is an aid to judgment. As logical memory depends largely on clear comprehension, which is proportionate to the interest evoked, the director must question the students in order to make them talk and state their opinion. She thus makes certain whether the mind has grasped what the tongue has spoken; corrections will be made in a kindly spirit and complicated matters explained.

A most important feature in the training of the nurse is her ethical teaching. The nurse is not a machine, but a human being. Human worth does not lie in strength or beauty, nor in physical or intellectual attainments, but in lofty ideals, strength and sincerity of purpose, and in the sum total of a man's principles. Can it be said that *moral training* has made equal progress with technical instruction? That is a view I should scarcely dare to uphold. The object of moral training is to cultivate in the student a spirit of industry, self-sacrifice, charity and dignity. No woman gains strength of character and ability to do great things unless she has a will of her own and is not afraid of effort. Any system of training that abolishes or even reduces personal effort therefore stands condemned. During her three years' training the student finds ample opportunity for exercising her will-power. She has to obey a sign, a look, a word, even a sound. The school regulations are strict; the students are subject to discipline, which teaches them regular habits and self-control. Discipline is concerned with the present and the future; it must not, however, be despotic nor refuse a certain degree of liberty. It is even preferable to give the students a considerable amount of freedom so that they may learn how to make good use of it. A steeled character will always hold itself in check and be self-reliant. Faced with a critical situation or an unforeseen difficulty, the nurse will not feel lost but will master the situation, because she has learned to be virile. Yet she remains a woman at heart, and her womanly qualities cannot be neglected. The true nurse is compassionate in the right sense of the word; she feels and suffers with her patients, her kindness is seen in her look, heard in her speech and proved by her deeds. She knows how to warm the coldest heart, and give the despondent faith in life. She is taught to love her work, to forget herself, and to be ready for the greatest self-sacrifice. In spite of this she is always ready with a smile and is a convinced optimist. This healthy optimism, which may often cause some surprise, is the expression of intense moral force and true peace of mind.

What can the teacher do to develop these qualities? She will set an example. She will treat her students with kindness,

listen to their many small worries, help, encourage, and be like a mother to them. The nurse must not be allowed to feel alone in her task. She is brought too closely in contact with the melancholy side of life and soon loses her illusions. A helping hand in times of weakness will give her fresh courage for further generosity and self-sacrifice and a clearer view of her ideal. If she is truly desirous of attaining the required standard, she will combat harmful inclinations, and try not to be thoughtless, changeable, sensitive, proud and selfish; she will cultivate the qualities which make for a higher character — uprightness, perseverance, kindness and gaiety in her relations with others, simplicity, reserve and sociability.

The social spirit is fostered by arranging functions and gatherings at the school itself, and in meetings for study and lecture purposes. In spite of contrary opinions, the organization of social functions is an important part of the training programme. Gifts of observation, initiative, perseverance, energy, self-sacrifice and devotion are called for, and for this reason perhaps shortcomings are often met with amongst organizers.

There is yet another moral quality that the ideal nurse should have, namely, delicacy of feeling. This makes her see in the patient not a mere "case" but a human being who feels and understands, and makes her able to enter into the mind of her patients. Delicacy implies foresight, alertness, discretion, the trick of finding the right word, the smile that consoles, the gesture that gives peace. If this virtue be inborn, training will find the way to make it blossom. She must be instructed as to the mystery of her origin and her destiny. She must learn that we come from God and that true happiness lies in His will. Her conscience must be enlightened, so that she may govern her own life, play her part worthily and be the guide and comforter of those who doubt.

This survey of the principles in education brings us to the conclusion that the nurse's special training develops in her a character and a mind peculiar to her profession. She has her own way of feeling, comprehending, reasoning and acting. Her ideas and opinions become the principles by which she lives, and which distinguish her from other young girls. Although brought daily into contact with human suffering, she nevertheless remains an optimist, because of her inner convictions of hope and ultimate happiness.

Department of Public Health Nursing

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COMMUNICABLE DISEASE CONTROL

A. MARTINEAU, G.M.E., infirmière surveillante, division des maladies contagieuses, Service de Santé, Hôtel de Ville, Montréal, P.Q.

Control of communicable diseases being of general concern, it may be of interest to give a brief outline of the work done by the nurses of the Contagious Diseases Division of the Health Department of the City of Montreal. First a few words about the administration of this division, its work being one of the most important amongst the many activities of the city health department. The staff comprises one superintendent, holding the diploma of public health, who is in charge; three diagnosticians, one of whom had special training as epidemiologist; one head nurse who has had public health training; nine visiting nurses; five clerks and three inspectors. The efforts of this personnel tend to control and eliminate communicable disease by educating people and recommending preventive measures.

Every case of communicable disease should be reported to the division of contagious diseases, according to the provincial health by-laws. Is this regulation scrupulously observed? Let us make no comment on this subject. Nurses visit confirmed cases only, whilst all suspected cases brought to our attention are attended by a physician and are then transferred to nurses. The work is centralized at the health department and the city is geographically divided into nine districts. The nurse's functions are to establish quarantine and to see that other prophylactic measures are applied in compliance with the provincial health by-laws. Nurses report every morning at the office to give an account of their day's work and to discuss the problems to be solved, such as patients to be hospitalized or cases where isolation is difficult. Cases of poverty, backward children and so on are reported to the proper organization, for the nurses always try to co-operate with other welfare associations. Then the nurse starts out with her list of new cases to be attended during the day and enquires at the office again at noon to find out whether there are any new and urgent calls to be made.

When a nurse calls at a home she explains that she is sent from the health department because there is a case of communicable disease in the family. She takes the history of the illness and goes through the usual questionnaire and gives instructions concerning proper isolation of the patient and the prevention of the contamination of other members of the family. She insists on concurrent disinfection, and takes note of all particulars, for she has to keep the case in mind for subsequent visits.

As the nurse sends a notice to school not to admit a child until it has been issued a certificate of re-admission, she also delivers certificates to this effect, together with those of re-admission to work. In diphtheria, she takes swabs of the nose and throat and quarantine is lifted only when two negative results are obtained. In typhoid she sees that the feces and urine are examined and, if a germ carrier is detected, he is kept under observation. As the city provides for free distribution of antidiphtheric serum the nurse has to visit these stations regularly and collect certificates; she must then inquire at the reported addresses concerning the reasons why the serum was injected.

There is a service at the civic hospital for smallpox, but in the last three years,

not having met with smallpox, we have opened a clinic for scabies. Cases to be treated are selected among those reported and we give the opportunity of hospitalization to those who have not the facilities for receiving proper treatment at home, especially when there are school children in the household. The treatment is of course given under the supervision of a doctor.

Having to deal with all nationalities, difference of language is sometimes a real handicap to our work, foreigners not being used to our proceedings in communicable diseases. I do not intend to say that it is only foreigners who do not observe good quarantine; unfortunately our fellow-citizens overlook it only too often. It is, however, a pleasure to say that we have the co-operation of a great number of people who understand their social duties and who accept willingly all restrictions imposed, but on the other hand, there are those who think that we want to cause them trouble or annoyance. They do not understand that for us the welfare of the community comes first and that personal interest should be sacrificed to the common welfare. The education of people is not done in a day. Should we meet with more success if the law were strictly applied? We believe, however, in the old saying: *Patience et longueur de temps font plus que force et violence.*

THE GREATER VANCOUVER HEALTH LEAGUE

KATHLEEN I. SANDERSON, Reg. N., Executive Secretary.

The Greater Vancouver Health League is a branch of the Canadian Social Hygiene Council, a voluntary association organized under the auspices of the Dominion Government and co-operating with the provincial and municipal departments of health of the whole Dominion, for the purpose of awakening the public to the necessity of the prevention of all preventable diseases. This problem has been found to be so linked up with the problems of general health and child training that the League was organized with the object of carrying on a general health educational campaign in the Province of British Columbia. Efforts are being directed particularly towards the conservation of the health of the family, and the upholding of the home as the chief social institution for preserving the health and well-being of the individual, the family, the community and the nation. The League consists of representatives of organizations at present in existence in the community, which have as their objects the promotion of community welfare. Its specific aims are:

To educate the whole community in personal and community health and in modern scientific methods of disease prevention.

To improve the facilities for making the best methods of treatment of disease available to the whole community, and to educate the public to make early use of them.

To give guidance and assistance to parents in training children in personal hygiene and character building.

To facilitate and inaugurate the provision of health services to voluntary social work agencies.

The activities of the League are carried on by the following sections: medical and venereal disease; cancer prevention; prevention of heart disease; milk supply; parent education and child study; prenatal care; prevention of maternal mortality; library and literature; press and publicity; industrial medicine; nutrition; radium; prevention of tuberculosis.

The speakers' service offers a list of over one hundred subjects in mental and physical health. These are given by experts in their special fields, and are available, free of charge, upon request of any

group in the community. During the past season one hundred and eighteen lectures were delivered before audiences of many types, including Parent-Teacher Associations, Communists, Y.M.C.A., Y.W.C.A., Jewish organizations, Church clubs, Nurses Associations, Japanese and Chinese societies. Health films are loaned upon request and each year a special series of lectures is arranged by the parent education and child study committee. These deal specifically with parent and child problems, and are given, free of charge, in various sections of the city. An excellent lending library has been established in the League office. Borrowers include members of parent study groups, university students, normal school students, and social workers.

Regular clinics are held for periodic health examinations of the clients of voluntary social work agencies. This is in no sense a remedial service, and no treatments are given, clients requiring special care being referred to doctors or clinics where the necessary treatment may be received. This service is proving to be a very important factor in determining whether the health of one or more members of a family is a principal or contributing cause of a broken home, or of delinquency and idleness. It serves, too, to dispel imaginary ills, to check up on incipient abnormalities, to reassure the client, and presents an opportunity to give valuable health hints. Special clinics have been established for examining adults and children previous to their leaving for summer camps. This insures, as far as possible, against diphtheria or diphtheria carriers getting into camp, and makes possible the investigation of any unfavourable symptoms. Through the nutrition committee, budgets, shopping lists and menus are prepared for clients of voluntary social work agencies. Whenever possible, the nutritionist has a personal interview with the client, and so is able to judge wherein the real difficulty lies. This service is meeting a great need for those on relief allowance, and those who are inexperienced shoppers and housekeepers.

In the Spring of 1932, a tuberculosis committee, which is affiliated with the Canadian Tuberculosis Association, was organized. Since its inception, noteworthy progress has been made in the amalgamation of all tuberculosis work under the direct control of the city health department with a complete tuberculosis unit at the General Hospital. The Japanese and Chinese communities are showing an active and co-operative interest in endeavouring to stamp out this very prevalent disease.

THE BIG BAD WOLVES

J. DeBRINCAT, Reg. N., member of Provincial Public Health Nursing Staff, Manitoba.

An unusual experience befell me which may indicate the difficulties of a public health nurse, and be a warning to avoid travelling alone on dark nights. Darkness had fallen when I found myself and my usually trusty Ford on a trail ten miles from the nearest house. In turning a sharp corner the car struck a stump—result a flat tire. Moving my car to a place where I could jack it up, I began to feel nervous, something that had never happened to me before. Looking up I saw glowing eyes, and then I heard the howling of wolves. No matter how I struggled I couldn't loosen my spare tire, so at last, worn out and in despair, I locked myself in my car and prayed that another traveller would soon pass by. After waiting an hour (the longest hour I have ever known) a car came by with a driver who helped me out of my difficulties. It seems that a wrong kind of nut had been used to put on the spare tire which prevented me from removing it in spite of all my efforts. This shows how much a small thing as a little nut can be the cause of much distress.

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

WE SPEAK OUR MIND

RUTH M. MANNING, Reg. N., Private Nurse, Saint John, N.B.

We are now passing through a crisis in nursing. Whether we stagnate or make further progress depends entirely on the type of nurse we send out from our nursing schools. The time has come to stress quality rather than quantity. Mass production is generally considered the only means of staffing our hospitals economically, and if this continues, the public will wake up some day to find that the intelligent woman will not enter a field where there are already great numbers of unemployed, many of them the victims of cheap labour and a hit-or-miss educational system. There is a limit to optimism. I am not a revolutionist but I do believe that unless the situation is studied by competent persons, some wise decision reached, some action taken, chaos will eventually be the result of procrastination.

The public should be made more familiar with our problems. The nursing situation is their problem as well as ours, for while there are great numbers of unemployed nurses, there are also great numbers of the public not receiving efficient nursing service. There has been much discussion on the subject of nurses' fees. We realize that many who should receive nursing service are being deprived of it because of financial circumstances. We sympathize with this need, yet because the nurse is serving suffering humanity, does that justify her not earning sufficient to fulfil her personal and social obligations? How many nurses have become wealthy from the fees they have collected during their professional career? We do not want destructive criticism. We need constructive criticism.

We still find among us a few of the traditionalists, who believe that the nurse is being over-educated. Nurses may be over-trained but is anyone ever over-educated? Training should be an obsolete word in modern nursing education. We train animals. We educate nurses. We must have a certain amount of standardization. We cannot allow students to experiment on the patients. Nevertheless, after we reach a certain level, standardization is killing. It brings things up to a certain level but it must not be allowed to interfere with professional expansion and growth.

I believe that we should put more science and knowledge into our nursing. It will not lessen the efficiency of our skills but will provide the "why" for the "how." It will not lower our ideals or make us less sympathetic to our patients. It will substitute intelligent sympathetic understanding for cheap sentimentality and personal prejudice. Although we have not fully developed it, we believe that we have a science of our own. We do not wish to lose our skills and ideals. We do endeavour to have a better understanding of everything we do.

Nursing and medicine have a common aim: the care of the patient, but the medical and nursing functions are different. The hygienic care of the patient mentally and physically is definitely a nursing skill. Due to the complexity of modern life, the mental aspect of every patient is an opportunity for study. We need more psychology and mental hygiene in our nursing school curriculum. We do not wish to encroach on the field of medicine but we do wish to develop our own skills scientifically. The method and art employed in carrying out the doctor's orders is entirely apart from medicine. Nursing complements medicine and vice versa.

Both are necessary in the interests of suffering humanity.

When I say that we should put more science and knowledge into our nursing I do not mean that we should turn out bookish individuals. I do think that every nurse should know what is meant by that attitude of mind called the scientific method, the biological point of view. This is after all only the common sense point of view. It distinguishes the poor nurse from the good nurse. It is not the facts in the mind that count but the facts that one can get for oneself and the ability to use them. Prove all things and hold fast to that which is good. The nurse has to observe and classify accurately those things which she has observed. Every nurse should get into the habit of scientific method and carry it over into all of her work. Even making a bed may be scientific. The nurse instructors who are able to give their students this point of view give them something of far more value than the assimilation of a lot of book knowledge. The student with this point of view will continue to educate herself after graduation. Nursing is an art, but we need science to stabilize it and to make that art transferable. The paintings of Raphael and Michael Angelo cannot be reproduced. The technique has been lost.

Nursing education has advanced but it has by no means reached the peak of attainment. We appreciate the hospital as the laboratory for nursing and we do not wish to divorce ourselves from it; but we have as our ideal the nursing school economically independent of the hospital. The chief aim of the nursing school will then be the education of the nurse and better equipped women will be sent into the nursing field, providing better service for the public. No nursing duties will be eliminated, but it will not be neccessary to continue at tasks which have long ceased to be of educational value. The gap will be filled by fully qualified graduate nurses and by domestics. The nursing school will be equipped adequately and have the necessary number of qualified instructors; the student nurse will pay for her tuition as do students in other schools and colleges. It is not an impossible scheme. Other schools and colleges did not always receive the recognition and support that they enjoy today.

I have not attempted to discuss the preventive aspect of nursing. That is not because I consider it unimportant but because I consider it an integral part of all good nursing. Where have we better opportunity to teach health lessons than when we are nursing living examples of broken health laws? Every nurse should be a health teacher. Every nurse should be a public health nurse.

If we are to produce quality rather than quantity, give more efficient nursing service to the public, raise and protect the status of the nurse, get more science and knowledge into our nursing and raise the educational standard of our schools, we must not hide our light under a bushel. If our present system is good enough why are there so many unemployed nurses, such numbers of the public derived of efficient nursing service, so many nursing schools lacking qualified instructors? Health insurance may be a solution to some of our problems. We do not wish to be revolutionary, but when occasion arises, let us not forget that stagnation is the fruit of procrastination.

The Student Nurses Page

NEW LIGHT

PATRICIA COLLINS, Student Nurse, the School of Nursing of the Toronto General Hospital.

Gradually there has come to be a new approach to nursing, a co-ordination and a linking-up of the physical and mental aspects of illness. Today we realize that the two are inseparable—no point of beginning or leaving off, but a complete following through of the whole.

We speak of mental hygiene in a casual way and have a somewhat blurred knowledge of mental illness. Yet we have to admit a great lack in the understanding and care of the mentally ill in the average general hospital. The tremendous swift-moving undercurrent that flows steadily in the hospital wards, frantic rushed days, more work than can be done, an overwhelming feeling that finds us forgetting, not the medicines and the baths and the treatments, but the human being.

Many of us fail to reach beyond the physical ills to the limitless sphere of thought and idea, fear, courage and all other "thinkings" which press in upon the mind of the ill person. So often we say, realizing a maladjustment, "Oh, yes, she is a neurotic." There we stop.

During the past year, however, an affiliation with the Toronto Psychiatric Hospital has been arranged for student nurses in the School of Nursing of the Toronto General Hospital. It is a three months' elective course offered to as many of the students as are interested. Even so short a time as this gives the student nurse an understanding within herself and promotes a helpful, healthy adjustment on her part. It brings steadiness and broadness to her whole outlook. A great amount of thought, care, and effort has been given to planning and arranging this course. An extensive yet concentrated group of lectures is given by the staff, each fitting in, correlating, and built up into a working knowledge of psychiatry. Observation, demonstration and participation in all nursing procedures, concerned with the treatment of the mentally ill, constitute the practical portion.

The feeling of "fitting-in" and "belonging" was a very happy one. We were not on the outside looking in, but very much on the inside, looking a little farther in. The thing which meant much to the student nurse was her own achievement in case-study work. One individual was studied intensively, tracing through origin and cause to his present situation, and following with a suggested adjustment for his future. It gave a feeling of having learned more about ourselves. It gave a broader knowledge of what seemed to be abnormal behaviour and a beginning towards appreciating people, not according to a set social standard, but as they "fit-in" or "fit-out" of their environment.

Quite aside from any professional advantage is the real value of knowing people and understanding a little more about ourselves. A nurse, more than others, is constantly thrust into an abnormal environment, because illness, mental or physical, is not a normal state. Wisely to meet this situation is a problem which must be fought out with one's self. We must set a balance, cast out and reject on one side, accept and build up on the other. Even in the building we would think as does the builder, realizing the vastness of his task, yet knowing that somewhere there was a beginning and somewhere will be a completion.

I would build a house with many windows, high on a hill with a road slow-climbing and welcome to my door. A

house, a hill, and a twisting road above the travelled way. I would build my house and not grow weary with my working. I would find a quiet joy and know rest. Perhaps tomorrow will bring a beginning. Always it has been past my reaching, mad hurry, straining ahead, a glimmer, then hurled down, beaten back, endlessly. Could the day not hold back its flying hours, release the pressing questioning uncertainty of its minutes? Wearying effort! Tired—so tired.

I turn quietly away, pause in my bewilderment, seek the common road and watch the travellers passing by. Old men and children, weary-footed women, moving always toward the turning of the road. Young faces held a look of wonder. A child and an aged man came slowly, together, one learning the steady tramping of the road—the other, unlearning. And in each face there was the same look, an understanding.

Somehow I was with them there on the travelled way. We three together. "Are you a builder, too?" they asked of me. Then came the turning in the road and the aged man said, "My house lacks a window facing the east. I shall build one, and when the morning sun comes there will be a remembering." The child said, "I shall begin my house with a window towards the west, and sometimes watch the sun go down." The aged man went down the shorter way, alone, and the child ran on, joining the others who had gone ahead. I turned aside and found again the twisting road that leads to my house on the hill. I will begin with two windows, one facing east, and the other, west.

Book Reviews

PUBLIC HEALTH NURSING IN INDUSTRY, prepared for the National Organization for Public Health Nursing, by Violet H. Hodgson, R.N., Assistant Director, National Organization for Public Health Nursing. 249 pages. Illustrated. Published by the Macmillan Company of Canada, 70 Bond St., Toronto. Price, $2.10.

The publication of this book is most opportune. It gives a clear, authoritative, and comprehensive picture of the relatively undeveloped field of industrial nursing which, previously, has not been available. Its purpose, as stated by the author, is as follows:

> It is hoped the material in this publication will: Indicate to management the potential field of activity of the public health nurse; assist the new nurse entering the industrial health field in planning the most effective programme possible; suggest to the nurse in industry new lines of activity; suggest the functions of the nurse and her administrative relationships to the medical, industrial relations, and production departments; assist the nurse in making her service an integral part of the community health programme; stimulate community public health nursing agencies to extend their programmes into commercial and industrial establishments.

The foreword, written by Dr. C.-E. A. Winslow, Professor of Public Health, Yale University, stresses the first-mentioned objective thus: "The personnel manager or other industrial officer will find many parts of the work almost equally illuminating. He may not only learn from it the place which the nurse should occupy in the field of industry, but may also obtain a broader vision of the wider problems of industrial efficiency as affected by the health and morale of the individual worker."

Part One is divided into chapters dealing with company organization and administration, industrial relations, activities and health services. Admirable charts

serve to clarify administrative and functional relationships which, at first glance, might appear extremely complicated. Part Two is devoted to a discussion of the principles, practices and procedures related to industrial nursing service. In the first chapter, the fundamental principles of public health nursing are clearly enunciated and, throughout the volume, these principles are consistently related to the specific topic which is under consideration. Succeeding chapters deal at some length with such topics as human relationships within the plant; scope and administration of nursing service; physical equipment of health department; work environment; prevention of accidents and illness; industrial poisons; community relationships; supervision; records and statistics.

As yet, in Canada, the function of the nurse in industrial plants is not always well understood either by the managers of industry or even by the nurses themselves. This book would serve as an interpreter. It has, however, other uses. It should be carefully read by all principals of schools of nursing in order that the basic requirements of this important branch of nursing may be understood, and it should be placed in the library of every school in order that student nurses may early realize the unexplored possibilities of the field of industrial nursing.

MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS, by Maude B. Muse, R.N., A.M., Teachers College, Columbia University, New York City. 627 pages; 71 illustrations. Price, $3.25. London and Philadelphia: W. B. Saunders Company. Canadian Agents: McAinsh & Co. Limited, Toronto.

This text is a well written composite showing the relationship of physiology and chemistry to pharmacology, and of the latter to the art of nursing. The subject matter is comprehensive and methodically arranged. Each chapter presents the drugs affecting a particular system and the sequence of systems is similar to that found in most texts of anatomy and physiology for nurses. Miss Muse has preceded the presentation of drugs, in each chapter, by an excellent review of the physiology of the system being studied. A splendid review in the form of summaries, true-false questions, and out-of-class questions, completes each chapter. The impression gained in reading each chapter is, that it is a very well prepared lesson, also that Miss Muse desires to inspire the pupil to endeavour to reason the therapeutic and toxic effects of drugs and to overcome "rôte immunization." Emphasis is laid upon pharmacology and therapeutics. It is a delight to see the pupil's obligation to the patient emphasized: "If the pulse rate drops below 60 the nurse must report it at once and give no more digitalis without further orders. Preparations of digitalis are given between meals and in plenty of water, as the taste is bitter and irritating to mucous membranes." There is an appendix containing some definitions, interesting historical data, and chemical formulæ. Above all, the book is written from an educator's viewpoint. It attempts to arouse a sense of enquiry in the pupil. It is recognized that much is being added yearly, and much discarded, consequently, the nurse as a public servant must keep abreast of the times. Altogether the book is an excellent one. It should prove a joy to instructors and a rich reference source for pupils.

NORENA MACKENZIE,
Assistant Instructor of Nurses,
Montreal General Hospital.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

In Memoriam

At a meeting of the Executive Committee of the Canadian Nurses Association, held in December, the members recorded the deep loss experienced by the Association through the death of Miss Mary Agnes Snively, the revered and beloved Founder and Honorary President of the Canadian Nurses Association, who also was the first president and a life member of our national organization. A committee was appointed to give consideration to a memorial to Miss Snively by the C.N.A. The members of this committee are: Miss M. P. Hersey, Miss Jean I. Gunn, Miss E. MacP. Dickson, with Miss Jean E. Browne as convener.

Approved Schools

For the past decade there has been available at the National Office a list of the approved schools of nursing in Canada as recognized by the provincial Registered Nurses Associations: that is, schools of nursing whose graduates are eligible as candidates for the provincial examinations for registration. With the assistance of the provincial registrars this list is revised annually at headquarters. It is most gratifying to be able to announce that, during 1933, there was a decrease in the total number of schools of nursing in Canada amounting to eleven per cent as compared with a similar list for the previous year. In the province of Saskatchewan the decrease reached the astonishing record of forty per cent. This progressive step, which only a few years ago would have seemed incredible, is principally the result of important changes made, by the Legislature, in the hospital regulations for Saskatchewan. The members of the Saskatchewan Registered Nurses Association are to be congratulated in securing this legislative co-operation in making effective certain recommendations from the Report of the Survey of Nursing Education in Canada. Other provincial associations, whose efforts toward the elimination of nursing schools in hospitals which are unable to provide the required theory and practice field for the education of the student nurse, are those in British Columbia, where fourteen per cent of the schools were closed between 1932 and 1933, and in Ontario, where the decrease amounts to eighteen per cent. Probably the leaven of the Survey Report is working better than is realized by the majority of the members of the C.N.A.

One Way Out

There are occasions when the steel of one's courage seems to lose its temper as uncertainty and discouragement block the trail ahead. At such times optimism is re-established by the appearance of a guiding light from which there is reflected the determination and fortitude of a small group. Reports of the interchange of nurses scheme, as formulated and instituted by the Manitoba Association of Registered Nurses, portray graphically that registered nurses in that Province are putting forth an heroic effort to alleviate unemployment within their profession. During the General Meeting, Canadian Nurses Association, 1932, a resolution was accepted which read:

> In order that the experience in the small hospital, which is undoubtedly of value to the nurse in fulfilling her responsibilities to the community after she graduates, may not be lost, it is recommended that a comprehensive plan be formulated whereby such opportunities may be adequately utilized in post-graduate work, and through a system of interchange of nurses, within the Dominion of Canada.

Did Manitoba catch the gleam? The interchange of nurses committee of the M.A.R.N. became definitely active in February, 1933; the co-operation of all schools of nursing in the Province was sought, and superintendents of nineteen

hospitals were informed of the recommendations brought forward by the nursing education section. The development of the scheme evolved as follows: Four superintendents of nurses co-operated with the committee in offering to accept students for postgraduate work during April, and one superintendent made a similar offer for June. It was stipulated that the length of the course should be three months. The transportation expenses of participants in the scheme were borne by the Manitoba Association of Registered Nurses, in addition to the monthly allowance of ten dollars granted by the Association to each student. Certain elective courses were offered by schools in larger hospitals and applicants were recommended by their respective schools of nursing.

In the spring of 1933 the M.A.R.N. placed sufficient funds at the disposal of the interchange committee to finance the participation of eighteen students in the scheme. In September, 1933, an additional grant was made available for a second group of the same number of students. During the summer the Association offered a prize for the best essay written by a participant in the scheme and excerpts from four of these summarize the following advantages:

The graduate of a school of nursing connected with a small hospital has the privilege of postgraduate study and practice in the large departmental institution and, in the small hospital, the student from a large institution finds unlimited scope for improvization and application of theories and techniques she had already learned. Such an interchange not only tends to broaden the professional mind of the individual but creates a bond of sympathetic co-operation between large and small institutions.

An individual appreciation is created of the tangible and intangible benefits derived from belonging to a professional organization.

The interchange programme offers opportunity for training and experience in special phases such as tuberculosis and paediatric nursing. The experience thus gained fosters thoughtful comparison of nursing methods.

The participant is assured of full maintenance provided by the hospital during the three months period, as well as of a small financial re-imbursement from the Manitoba Association of Registered Nurses.

Such words from the pens of students who have actually participated in the scheme give overwhelming evidence that the two-fold objective of expanding the education of each individual student and relieving unemployment has been, and is, realistically being attained.

General Meeting, 1934

It is anticipated there will be an unusually large attendance at the Seventeenth General Meeting of the C.N.A. which is to be held in the Royal York Hotel, Toronto, from June 25th to 30th, 1934. The Ninth Annual Meeting of the Registered Nurses Association of Ontario is to take place on Monday, June 25th. It is advisable that reservation for accommodation be made early. The Committee on Arrangements have supplied the following information on hotel rates. Except where indicated, rooms with bath are quoted, also the quotation given for double rooms is per person (S.—single room; D.—double room).

Royal York Hotel: S. $3.50; D. $3.00.

King Edward Hotel: S. $2.50, $3.00, $3.50; D. $2.00, $2.50, $3.00.

Westminster Hotel: 210 Jarvis Street—S. $2.50; D. $2.00 (European plan, tea room and dining room in connection).

Hotel Waverley: 488 Spadina Avenue—S. $2.50, $3.00, or with hot and cold water only, $2.00; D. $2.00, $2.50, $3.00, or with hot and cold water only, $1.50, $1.75.

Y.W.C.A.: 76 Pembroke Street and 18 Elm Street—Bed and breakfast, $1.00, $1.50; Room and meals, $1.50, $2.00.

Those wishing convent accommodation should write to Rev. Sr. Superior, St. Michael's Hospital, Bond Street, Toronto.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: Evenings of unusual interest have recently been enjoyed by well-attended meetings of the Edmonton Nurses Association. Dr. Oliver of the Department of Pathology, University of Alberta, told of his summer in Spain, spent in the clinics following up research work on brain tumor. In November, Dr. Hepburn spoke on the advancement made in brain surgery and the life-saving possibilities now in view that yesterday were deemed impossible. The winter programme, planned by the nursing education section, includes a series of demonstrations and discussions on nursing procedures as practised in the different hospitals of the city with a view to adopting as uniform a system as possible. The Alumnae Society of the School of Nursing of the Royal Alexandra Hospital have as their special work the knitting of garments for the V.O.N., to be used in their work among needy families.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their monthly meeting on Dec. 5, when forty-eight nurses were present. The meeting was in charge of the Down Town Group. Miss J. Munroe, convener, introduced Miss Elizabeth Russell, superintendent of the Provincial Public Health Nursing Department. Her subject was "Public health at home and abroad", and was very ably presented. We could not help but see how far ahead Britain is in public health measures and how Canada has fallen down. The recalling of twenty-six public health nurses is a real disaster and is costing the country thousands of dollars. Epidemics are breaking out in out-lying districts and nurses and doctors have had to be sent in by aeroplane to combat disease. Miss M. Gemmell moved a vote of thanks to Miss Russell and a social hour followed.

WINNIPEG: Miss Gena E. Bamforth (W.G.H., 1932), is at present enrolled in the post-graduate course in diabetic nursing conducted under the direction of Dr. E. P. Joslin, at the New England Deaconess Hospital, Boston, Mass.

NEW BRUNSWICK

SAINT JOHN: Two New Brunswick nurses are included among those mentioned in the New Year's honour list. Miss Nan Estabrook of Saint John, and Mrs. Ross of Riley Brook, Victoria Co., have both been named members of the Order of the British Empire.

Saint John nurses mourn the death, on Dec. 7, of Dr. G. F. Emery. In his passing we lose a pioneer who did much to establish the Saint John General Hospital Training School for Nurses, the third school of nursing to be organized in Canada.

On behalf of the Alumnae Association of the Saint John General Hospital, Santa Claus presented a radio to the student nurses at a Christmas party held on Dec. 12, when the nursing staff and students were guests of the intermediate class. Members of the Alumnae Association who were ill in hospital were remembered at Christmas time with gifts.

Miss Mary Murdoch (S.J.G.H.) of the Department of Indian Affairs is in Muncey, Ontario, for the winter. Miss Helen Cahill (S.J.G.H.) has successfully completed a post-graduate course at the Children's Memorial Hospital.

The meeting of the Alumnae Association of St. Joseph's Hospital was held on Dec. 12, and plans were made for a gift to a sick member at the Saint John Tuberculosis Hospital. A gift will also be sent to each member of this year's graduating class.

Miss Leola Richardson resigned as supervisor of child welfare nurses and was married in August. Her successor is Miss Martina Wallace, who was appointed by the Board of Health, with Miss Zetta White as assistant.

Sympathy is extended to Miss Martha Fraser in her bereavement.

MARRIED: Miss Mary C. Harrington (S.J.G.H., 1919) to Mr. John McDonald. Mr. and Mrs. McDonald are residing at 1298 Commonwealth Ave., Allston, Mass.

ST STEPHEN: The St. Stephen Chapter of the N.B.A.R.N. met on Dec. 15 at the home of the president, Miss M. McMullen. An instructive paper on the "Truby King Method of Infant Feeding" was read by Miss Jessie Murray. Refreshments and a social hour followed the meeting. Miss Viola Floyd (C.M.H., 1930), is confined to her home in Apohaqui with an injured knee. Miss Hazel Darker of the C.M.H. staff is spending her vacation at her home in Island Brook, Que. Miss Alma Clark is relieving. The many friends of Miss Florence Cunningham of the C.M.H. staff are sorry to hear of her illness. Miss H. Dykeman, director of public health nursing for New Brunswick, was a recent visitor to St. Stephen. Much sympathy is extended to Miss Myrtle Dunbar in the passing of her mother.

MARRIED: On Jan. 1, 1934, in St. Stephen, Miss Helen G. Mowatt (C.M.H., 1926) to Mr. Cedric H. Dinsmore.

WOODSTOCK: The monthly meeting of the Alumnae Association of the L. P. Fisher

Memorial Hospital was held on Dec. 19, and after the regular business was discussed, delicious refreshments were served.

ONTARIO

District 1

LONDON: The regular meeting of the Ontario Hospital Alumnae Association was held on Jan. 7, with Miss Williams in the chair. It was decided that the Association would take share in the entertainment at the annual meeting of District 1, R.N.A.O., to be held in the hospital on Jan. 27. A resume of Dr. Weir's book will be given by Miss F. R. Ball. It was arranged to hold a card party in the junior nurses' home on Feb. 8, when the raffle for a quilt will be drawn, proceeds of same to go to the Florence Nightingale Fund in the British College of Nurses in England. Donations were voted to the Milk Fund, to the War Memorial Children's Hospital, the Day Nursery and the V.O.N. The members were entertained at lunch by Mrs. E. D. Grosvenor, Misses Kennedy and Lindsay assisting.

Districts 2 and 3

BRANTFORD: Mrs. Andrews (Clara Kelly, B.G.H., 1921) entertained a number of her classmates recently. Those present were: Miss E. Miller, Miss F. Westbrook, of Ann Harbor, Michigan; Miss J. Edmondson, Miss I. Martin and Miss J. M. Wilson. Miss M. McCormack, who is the superintendent of the Stevenson Memorial Hospital, Alliston, Ont., Miss A. Mair, of Brooklyn, N.Y., and Miss Reta Graham of Brampton, were holiday visitors in Brantford. Miss E. M. McKee has returned from a visit to Knowlton, Quebec. Sixteen candidates from the school of nursing of the Brantford General Hospital wrote the registration examinations. All were successful.

GUELPH: The seven candidates from the school of nursing of the Guelph General Hospital who took the recent registration examinations were all successful. The Alumnae Association held a dance recently in aid of the Association funds and of the permanent education fund. Through the kindness of the Board of Commissioners, the staff and student nurses and their friends held an enjoyable Christmas dance on Dec. 27. A Christmas tree and a visit from Santa Claus took place in the residence for the student nurses. Ten of the newly capped nurses presented Dickens' "Christmas Carol." Miss Bingeman, of the Freeport Sanitarium, president of Districts 2 and 3, R.N.A.O., held a conference recently with Miss B. MacDonald, convener of the membership committee, and discussed plans for a membership campaign. Miss Loreen Sinclair relieved on the hospital staff for Miss Watson who was on sick leave. Miss McEwen also relieved for two weeks.

District 5

TORONTO: The monthly meeting of the Alumnae Association of the School of Nursing of the Toronto Western Hospital was held on Nov. 11, when Miss Smellie, Chief Superintendent of the Victorian Order of Nurses, gave a very interesting account of maternal nursing in Poland.

Miss Marjorie A. Rutherford, of Mount Forest, has been appointed to the public health nursing staff of the Ontario Department of Health. Miss Rutherford is a graduate of Victoria Hospital, London, and the Public Health Nursing course at the University of Western Ontario. Miss Rose Hally, of the Ontario Department of Health Nursing Staff, has been transferred from the Cochrane area to the eastern counties. Miss Hally has been in the Cochrane district for several years where a generalized service was carried on.

District 7

KINGSTON: The Perth branch of District 7, R.N.A.O. held an enjoyable tea at the home of Mrs. A. H. McLaren. The proceeds will be devoted to the permanent education fund. Miss Alice Cain (K.G.H.) is taking a post-graduate course in the X-ray department of the Kingston General Hospital.

MARRIED: On Jan. 4, 1934, at Finch, Miss Eva Blanche MacMartin (K.G.H.) to Mr. Angus MacMillan.

MARRIED: On Dec. 25, 1933, at Kingston, Miss Leonia J. Joyner (K.G.H.) to Mr. Mervin Hambly.

District 9

SUDBURY: The newly elected officers of the Alumnae Association of St. Joseph's General Hospital, Sudbury, are: Hon. president, Rev. Sr. Phillippe; president, Miss Anne Gossan; vice-president, Miss Simone Trudel; recording secretary, Miss Agnes Asam; treasurer, Miss Julittte Fortin; social convener, Mrs. Robt. Stevens; corresponding secretary, Miss Ina Ritari.

MARRIED: In October, at Copper Cliff, Miss Gladys Adams to Mr. Victor Piccini, of Copper Cliff.

District 10

PORT ARTHUR: The annual meeting of District 10, R.N.A.O., was held on Dec. 7 in the General Hospital, Port Arthur. Mrs. F. W. Edwards presided and extended her appreciation to the speakers and to those who had entertained at meetings held during the year. Those who gave instructive addresses

were: Dr. Ballantyne, Dr. Blatchford, Dr. L. D. Wilson and Dr. H. J. Ferrier. Papers were given by Miss McTavish and Miss Hamilton, and the nurses entertained Miss Elizabeth Smellie, superintendent of the V.O.N., and Miss Ethel Johns, editor of *The Canadian Nurse*. Plays were presented by pupils of the Pine Street School and skits by Sunday school pupils under the direction of Mrs. E. G. Edwards. The MacKellar Hospital nurses also put on a most entertaining skit. Miss Vera Lovelace, the new president, took the chair at the conclusion of the meeting. The staff nurses of the Port Arthur General Hospital were later hostesses at a pleasant social hour.

QUEBEC

MONTREAL: Miss Margaret M. Smith (M. G.H., 1933) has just left Montreal to take a post-graduate course of one year in psychiatric nursing at the Ontario Hospital, Whitby. Miss Grace I. McConnell and Miss Doris I. Michie (both M.G.H., 1933) have been appointed to the hospital staff in Temiskaming. Miss Louise Stedham (M.G.H., 1930) sailed from Halifax on Dec. 30, in order to make her home with her parents in England.

MARRIED: On Jan. 6, 1934, at Montreal, Miss Alice Myrtle Murphy (M.G.H., 1932) to Mr. Francis Francis.

MONTREAL: Miss Mary E. Stevenson, who has been assistant superintendent of the Montreal Branch of the Victorian Order of Nurses during the last four years, has retired and for the future will reside in Bournemouth, England. Prior to her war service, she held supervisory and executive positions with the "Queen's" in England and was therefore well fitted to enter the V.O.N. when, in 1919, she arrived in Canada. During the following eight years, she did very successful work, first with the national office of the V.O.N., as superintendent of the central district, and later as superintendent in the Maritime Provinces. While exceedingly sorry to have her leave them, Miss Stevenson's friends in Montreal, and elsewhere in Canada, join in best wishes and hope that she will enjoy her well-earned rest in her new bungalow by the sea.

QUEBEC: The graduate nurses of the staff of the Jeffrey Hale Hospital were at home to all the graduate nurses of the city from four to six o'clock on New Year's day. About forty nurses attended and enjoyed a pleasant afternoon. On Armistice day, Nursing Sister H. A. MacKay, representing the Canadian Legion, placed a wreath of poppies on the monument erected to the memory of veterans who fell in the South African war.

SASKATCHEWAN

REGINA: Saskatchewan nurses are much pleased at the inclusion of the name of Miss Ruby M. Simpson in the New Year honour list. Their feeling was enthusiastically expressed at the January meeting of the Regina Branch by Miss Jean McDonald, a member of the council of the provincial association. Miss Simpson is a past president of the Regina Branch and is now its first vice-president. She has been a member of the Council of the Saskatchewan Registered Nurses Association for the past twelve years, for five years was its president, and has been untiring in her efforts for the welfare of nurses and nursing.

The private duty section of the Saskatchewan Registered Nurses Association, Regina Branch, was re-organized in December with the following officers: Chairman, Miss Helen Jolly; vice-chairman, Miss Freda Ratner; secretary, Miss Dorothy Bowie; executive, Miss M. Goldsmith, Miss H. McCallum. As a result of the efforts of Regina nurses the following amounts were raised in November and December, 1933, for the purpose of providing employment for nurses: proceeds of raffle, $193.00; proceeds of dance, $180.00; proceeds of bridge (R.G.H. Alumnae) $84.00. During the period December, 1932, to December, 1933, $1,388.00 was expended by the Regina Branch, Saskatchewan Registered Nurses Association, for this purpose. Contributions to this fund were received from the Alumnae Associations to the schools of nursing of the Regina General and the Grey Nuns Hospital. The employment committee of the Saskatchewan Registered Nurses Association reports eight nurses placed in small hospitals since the first of December. Miss Helen Wills, Regina, is chairman of this committee. Miss Margaret Ross (R.G.H., 1927), has been appointed secretary-treasurer and registrar of the Saskatchewan Registered Nurses Association. Miss Iris Prior (R.G.H., 1931) has been doing relief work with the Victorian Order of Nurses, Regina. Miss E. J. Wood (R.G.H., 1924) has been appointed public health nurse for the town of Yorkton.

MARRIED: On Oct. 5, 1933, Miss Janet E. MacPherson (R.G.H., 1930) to Mr. Roy Bristow, of Strongfield.

MARRIED: On Oct. 28, 1933, Miss Reta N. Cuddie (R.G.H., 1932) to Mr. Glenville M. Haggerty, of Stoney Beach.

MARRIED: On Nov. 15, 1933, Miss Elizabeth Mary Grace Webster (R.G.H., 1931) to Mr. Frank N. Perkins, of Lang.

MARRIED: On Nov. 18, 1933, Miss Jean Marion Campbell to Mr. Arthur L. Campbell. Mr. and Mrs. Campbell will reside in London, Ont.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

EDMONTON: On April 27, 1920, a number of nursing sisters met for the purpose of organizing the Overseas Nursing Sisters Club of Edmonton. Our chief reason for organizing was to continue the fellowship of those who served overseas during the great war, and to help one another should the occasion arise. Our first officers were N.S. H. B. Acton, president; N.S. Marion Flavette, vice-president; N.S. Jessie Chinnek, secretary-treasurer. Our first roll had a membership of forty-four sisters, with one honorary member, Mrs. John Lee, who has since passed on. Each year the club has raised funds for "Christmas Cheer" for the returned men in outlying districts. During the first five years these funds were raised by holding dances, teas and bridges but since that time members have contributed privately. Special efforts have been made, such as a contribution toward supplies for the new wing of the Royal Alexandra Hospital in 1922, and in 1925, a donation to the Kiwanis Children's Home. One of our members, Miss McQuaig, has been for some time the matron of that home. In November, 1922, this club became an honorary member of the G.N.V.A. and members were presented with membership pins. In 1923, Matron-in-chief Margaret MacDonald did us the honour of becoming our honorary president. In February, 1923, we accepted membership in the Last Post Fund Association. In 1926 we were represented at the unveiling of the tablet to the Nursing Sisters who gave their lives in the great war. Funds are on hand toward the proposed cenotaph for Edmonton, which we earnestly hope may soon materialize. We believe we were the first club of its kind to organize in Canada, and are justly proud, but many towns and cities have long enjoyed similar privileges and now we have an All Canada Association. We have had as our guests Dame Maude McCarthy, Matron-in-chief of the British Expeditionary Force, and other nurses of war fame like Miss Elizabeth Smellie, R.R.C., and Miss A. J. Hartley. Our membership has varied from time to time, some have gone away, many have married, and some are in our own "Flanders fields", but still we boast of about thirty-three members, with a fair showing of original members. To commemorate Armistice day and to celebrate the thirteenth anniversary of our organization, we held our annual dinner on Nov. 8 at the MacDonald Hotel. Miss Jessie Chinnek, the president, proposed the toast to the King and Mrs. G. G. Stewart toasted our president. Miss E. Robinson proposed a toast to the club and Miss Munroe responded. Amusing experiences overseas were described by Mrs. Morrison and Mrs. C. Chinnek. A review of the club's activities since its inception was read by Mrs. C. F. Greenwood. A comedy skit was presented by Mrs. J. Turner and Mrs. A. Taylor, and Mrs. C. E. McManus and Mrs. J. O. Baker entertained with music. Among those present were: Mrs. C. C. Burfield (a guest from Vancouver), Mrs. R. Lees, Mrs. P. M. James, Miss C. McKay, Miss I. McQuaig, Miss A. McNeish, Mrs. R. Nichols, Mrs. R. W. Rosser, Mrs. J. W. Ross, Mrs. R. M. Shaw, Mrs. J. H. Sandilands.

VANCOUVER: The members of the Vancouver Unit of the Overseas Nursing Sisters Association held their annual Armistice dinner Nov. 11. Over sixty women, whose common bond is active service to their country during the years of the world war, gathered about tables adorned with great brass shell cases filled with yellow chrysanthemums, in the glow of tall yellow tapers in brass candlesticks. Seated at the head table were the president, Miss Jane Johnston, and Miss Louise McDonald of Victoria, Miss Matheson, Mrs. Shepherd, Miss Mary McLane, Mrs. Bradford Heyer, Miss B. McNair, Miss K. Conway Jones and Mrs. F. W. Crickard. The convener for the affair was Mrs. A. E. Cunningham and the guests were piped in to dinner by Pipe-Major Gordon Ross, who later played the lament for the Sisters who died overseas. A musical programme was given by Miss Phoebe Senkler, Mrs. Betty Warren and Mr. L. J. Cotton.

Following the toast to the King, out-of-town members were welcomed by Mrs. F. W. Crickard, Miss L. McDonald responding. A pleasing incident was a visit from Col. G. C. Johnston, Col. W. W. Foster, and Mr. Carr of the 2nd C.M.R., whose banquet was being

held in an adjourning room, Colonel Johnston extending greetings from his unit, and Col. Foster paying a tribute to the service of the sisters overseas. Miss Laura Holland replied and later in the evening the nursing sisters paid a short visit to the Riflemen's banquet.

Among out-of-town guests were, Miss A. Forbes, Miss M. Hodge and Miss Franks of Victoria; Mrs. J. Gibb of Duncan, and Miss Morrice of North Vancouver. City members attending included: Miss E. Goldburn, Mrs. G. Appelbe, Miss E. Cameron, Miss D. Jefferson, Miss F. Baker, Mrs. R. E. Coleman (Molly Muir), Miss E. Lumsden, Miss B. Bennett, Miss M. Duffield, Mrs. A. W. Lang, Miss H. Rice, Miss O. Bentley, Miss S. Heaney, Miss F. McDiarmid, Miss P. Stewart, Miss L. Brand, Mrs. A. W. Hunter, Mrs. C. McDermid, Mrs. J. Rose, Mrs. J. R. Bayne, Miss E. Martin, Miss H. Stark, Miss D. Oliver, Mrs. H. Black, Miss H. Munslow, Miss M. Steele, Miss B. Swann, Mrs. J. M. Brough, Mrs. J. McCabe, Miss A. Stewart, Miss H. Bayne, Mrs. King-Brown, Miss K. Panton, Mrs. G. Stead, Miss Hirst, Mrs. J. H. Matthews, Miss I. Simms, Miss Fairchild, Mrs. Robinson.

OBITUARY

BECKEET.—The death occurred, in Toronto, on Oct. 19, 1933, of Miss Bertha Beckeet, who previously had made her home with her cousin, the Rev. J. L. Rose, in Milltown, New Brunswick, and had greatly endeared herself to the people of that community.

EASTWOOD.—On December 16, 1933, the death occurred, in Toronto, of Miss Charlotte E. Eastwood who, from 1898 until her retirement in 1913, was district superintendent of the Victorian Order of Nurses in Toronto. Miss Eastwood was born in 1851 in Hamilton, Ontario, and graduated in 1887 from the School of Nursing of Bellevue Hospital, New York. For some years she engaged in district nursing in Chicago and, at the time of her appointment to the Victorian Order, a district training home was established in Toronto with an enrolment of one "probationer." While on leave of absence, prior to 1913, Miss Eastwood visited in England where she had a pleasant contact with the Queen's nurses and with Lady Aberdeen at her home in Scotland. During recent years she made her home with her sister, Mrs. John Caven, and many of the Toronto staff nurses visited her to give nursing care as the necessity arose. The first nurse to be associated with Miss Eastwood was Miss Annie Brown, who with Miss Campbell, district superintendent of the V.O.N., and several long-service staff nurses, attended the funeral. Miss Eastwood was buried wearing the medal of the School of Nursing of Bellevue Hospital.

PORTER.—Suddenly at Saint John, N.B., Dec. 31, 1933, Mrs. Donald Porter (née Marguerite Christie, M.G.H., 1926), wife of Dr. Donald Porter, of Saint John, N.B.

We wake and whisper awhile, but the day gone by,
silence and sleep like fields of amaranth lie.

—WALTER DE LA MARE.

Official Directory

International Council of Nurses:
Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President ..... Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President ..... Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary ..... Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer ..... Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz.: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss J. Clow, 11138-82nd Ave., Edmonton.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (2) Miss L. Mitchell, Royal Jubilee Hospital, Victoria; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor; (2) Mrs. Murray MacKay, Nova Scotia Hospital, Dartmouth; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Christine MacLeod, 97 South Kline St., Halifax.

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop St., Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal

Saskatchewan: (1) Miss Edith Amas, City Hospital, Saskatoon; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs., Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; PUBLIC HEALTH: Miss M. Moag, 1246 Bishop St., Montreal; PRIVATE DUTY: Miss Isabel MacIntosh, Queenscourt Apt., 75 Queen St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver: VICE-CHAIRMAN: Miss M. F. Gray, University of British Columbia, Vancouver; SECRETARY: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss L. Mitchell, Royal Jubilee Hospital, Victoria. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Mrs. Murray MacKay, Nova Scotia Hospital, Dartmouth. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. CONVENER OF PUBLICATIONS, Miss M. M. Reid, Winnipeg General Hospital, Winnipeg.

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Provincial Association of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer-Registrar, Miss Kate S. Brighty, Administration Building, Edmonton; *Chairmen: Nursing Education Section*, Miss J. Connal, General Hospital, Calgary; *Public Health Section*, Miss B. A. Emerson, 604 Civic Block, Edmonton; *Private Duty Section*, Miss J. C. Clow, 11138-82nd Ave.

BRITISH COLUMBIA

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President, M. F. Gray, 1466 W. 14th Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; *Conveners of Committees: Nursing Education*, L. Mitchell, Royal Jubilee Hospital, Victoria; *Public Health*, M. Duffield, 175 Broadway East, Vancouver; *Private Duty*, Miss M. Mirfield, Bencheroft Nursing Home, Cook St., Victoria; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; First Vice-President, Miss M. Reid, Nurses Home, W.G.H., Winnipeg; Second Vice-President, Miss Christine McLeod, General Hospital, Brandon; Third Vice-President, Sister Krause, St. Boniface; Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Tayler, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, L. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. *Conveners of Sections: Nursing Education*, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; *Public Health*, Miss A. Laporte, St. Norbert, Man.; *Private Duty*, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. *Conveners of Committees:* Legislative, Miss C. Taylor; Directory, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar, Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Ontario (Incorporated 1925)

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District No. 8 Registered Nurses Association of Ontario

Chairman, Miss D. M. Percy; Vice-Chairman, Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; *Conveners of Committees:* Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; *Nursing Education*, Miss M. E. Acland; *Private Duty*, Miss J. L. Church; *Public Health*, Miss M. Robertson.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Gertrude M. Watson, City Hospital, Saskatoon; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording and Acting Corresponding Secretary, Mrs. F. V. Kennedy, 1307 First St. W.; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St., Medicine Hat; *Committee Conveners:* New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jarvis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; *Conveners of Committees:* Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Graduate Nurses Alumnae, Welland

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QUEBEC

Graduate Nurses Association of the Eastern Townships

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MONTREAL

Montreal Graduate Nurses Association

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SASKATCHEWAN

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Alumnae Associations

ALBERTA

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A.A., Royal Alexandra Hospital, Edmonton

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. . . OFF . . . DUTY . . .

A Scottish gentleman . . . once wrote a poem . . . about seeing ourselves . . . as others see us . . . we thought about this . . . the other day . . . while plunging through snowdrifts . . . in a bus . . . in front of us . . . were two ladies . . . engaged in earnest conversation . . . we tried not to listen . . . but the voices . . . were of that penetrating quality . . . which encourages eavesdropping . . . by making it compulsory . . . "we have had . . . to have one . . . in the house . . . for the last three weeks" . . . said the lady . . . with the synthetic pearl earrings . . . "you poor dears" . . . cooed the lady with the bêret . . . over one ear . . . "how dreadful for you . . . what is she like?" . . . "Well, not as bad as the one . . . I had when Clarence was born . . . I think of her . . . every time I see . . . the ring she made on the bedside table . . . by putting a wet glass on it the night that the doctor said . . . he had never seen . . . a case so unusual . . . as mine . . . you see, my dear . . . what happened was this" . . . at this point the lights changed . . . and the bus stopped . . . but not the voice . . . it went right on . . . but mercifully changed the subject . . . to something less intimate . . . "and such an appetite . . . even when I couldn't swallow . . . anything but fluids . . . the maid had to cook meals . . . just for her . . . a cormorant, my dear . . . I assure you . . . and now we have to have another of them . . . because Clarence has measles . . . and we couldn't send . . . such a highly-strung child . . . to any of these dreadful hospitals . . . where he might be . . . put in a ward . . . with horrid little children . . . who scream all day . . . Clarence cries a great deal . . . and an imaginative child . . . must be sympathetically understood . . . yes, she seems rather good . . . with children . . . Clarence bit her . . . when she first came . . . but now he seems different . . . except when I am there . . . and then of course . . . the poor little darling . . . realizes how much he misses . . . his mother's care" . . . the bus stopped again . . . and the lady prepared to descend . . . "Goodbye, my dear . . . I must hurry . . . that nurse has to be relieved . . . for two hours . . . so unreasonable of her . . . because Clarence screams . . . all the time she is away . . . he is such a highly-strung child . . . the doctor says I must never" . . . the bus driver murmured . . . a few words . . . in emphatic French . . . under his breath . . . the lady disembarked . . . the bus started with a jerk . . . and we got off . . . at the next corner . . . still thinking about . . . the huge appetites of cormorants . . .

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